



United States Environmental Protection Agency

Washington, D.C. 20460

Request for Pesticide Applicator Certification in Indian Country

LAST NAME (+ Jr, Sr, II, III etc.) FIRST NAME MI
 C O N A N T J r W I L L I A M K

MAILING ADDRESS

(b) (6)

CITY STATE ZIP
 (b) (6)

AREA CODE TELEPHONE COUNTY OFFICE USE
 (b) (6)

EMAIL ADDRESS (optional) William.K.ConantID@USDA-APHIS-Gov
 W I L L I A M K C O N A N T @ U S D A . G O V

2. BIRTH DATE: (b) (6) 3. FEDERAL APPLICATOR ID # (if renewal): ~~52760~~

4. CERTIFICATION TYPE: ☒ Initial Certificate ☐ Renewal/Recertification ☐ Replacement (Lost Card)

5. APPLICATOR TYPE: ☒ Commercial Applicator ☐ Private Applicator

6. CERTIFICATION METHOD:

a. ☒ Requesting federal certificate based on valid federal, state or tribal certificate or license. (Attach a copy of certificate.)

State (if applicable): ID ^{2D} Applicator Number: ~~52760~~ 52760
 Expiration Date: ~~12-31-15~~
 M M - D D - Y Y

Applicator Category/Categories for which Certificate/License was Received (enter category code(s)): _____

b. ☐ Completion of training (ONLY for private applicators who do not have a valid federal, state or tribal certificate or license)

By signing this application below and submitting to U.S. EPA, I hereby attest to the fact that:

1. I have personally completed the required training.
2. I understand and can apply the information therein.
3. I understand the significance of labeling and understand my legal responsibilities for the use of pesticides in accordance with label instructions and warnings;
4. and; I intend to purchase and use Restricted Use pesticides only for production of an agricultural commodity on property owned or rented by myself or my employer or to other property if the application is made without compensation other than trading of personal services between producers of agricultural commodities.

7. PLEASE SIGN HERE

I attest my certification has not been suspended or revoked in the last 4 years by any state, tribe, or territory. If it has been, please check this box and attach an explanation. wc.

A false statement in this certification may be grounds for denial of certification and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). I certify that all the statements that I have made on this form are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

SIGNATURE: William K Conant Jr.
 (FOR OFFICE USE:)

DATE SIGNED: 3/17/2014

REC:

APP:

INIT:

SENT:

SIGNATURE

BEARER IS LICENSED IN ACCORDANCE
WITH PROVISIONS OF TITLE 22, CHAPTER 34, IDAHO CODE
AND IS ENTITLED TO WORK WITH THE CLASSIFICATIONS
AS INDICATED. CARDS MUST BE ENDORSED ABOVE TO BE VALID.
IDAHO STATE DEPARTMENT OF AGRICULTURE

2014345-4

2014346-6

9-9-

WILLIAM K CONANT
PROFESSIONAL APPLICATOR
CATEGORIES GV

IDAHO





United States Environmental Protection Agency

Washington, D.C. 20460

Request for Pesticide Applicator Certification in Indian Country

LAST NAME (+ Jr, Sr, II, III etc.) FIRST NAME MI

Hansen Doug A

MAILING ADDRESS

(b) (6)

CITY

STATE

ZIP

(b) (6)

AREA CODE

TELEPHONE

COUNTY

OFFICE USE

(b) (6)

EMAIL ADDRESS (optional)

Doug.A.Hansen@aphis.usda.gov

2. BIRTH DATE:

(b) (6)

3. FEDERAL APPLICATOR ID # (if renewal):

4. CERTIFICATION TYPE:



Initial Certificate



Renewal/Recertification



Replacement (Lost Card)

5. APPLICATOR TYPE:



Commercial Applicator



Private Applicator

6. CERTIFICATION METHOD:

a.



Requesting federal certificate based on valid federal, state or tribal certificate or license. (Attach a copy of certificate.)

State (if applicable):

ID

Applicator Number:

45130

Expiration Date:

12/31/15
M M - D D - Y Y

Applicator Category/Categories for which Certificate/License was Received (enter category code(s)): GV/LC

b.



Completion of training (ONLY for private applicators who do not have a valid federal, state or tribal certificate or license)

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(FOR OFFICE USE:)

DATE SIGNED:

3/19/2014

REC:

APP:

INIT:

SENT:

References

THE FOLLOWING IS A SUMMARY OF THE RESULTS OF THE SURVEY:

五十年來

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United States Environmental Protection Agency

Washington, D.C. 20460

Request for Pesticide Applicator Certification in Indian Country

LAST NAME (+ Jr, Sr, II, III etc.)										FIRST NAME										MI	
Hedelius										Tared										L	
MAILING ADDRESS												Coblanz rd ID									
(b) (6)																					
CITY										STATE					ZIP						
(b) (6)																					
AREA CODE					TELEPHONE					COUNTY					OFFICE USE						
(b) (6)																					
EMAIL ADDRESS (optional)																					
Tared.L.hedelius@aphis.usda.gov																					

2. BIRTH DATE:										(b) (6)										3. FEDERAL APPLICATOR ID # (if renewal):									

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6. CERTIFICATION METHOD:

a. ☒ Requesting federal certificate based on valid federal, state or tribal certificate or license. (Attach a copy of certificate.)

State (if applicable): TX

Applicator Number: 47859

Expiration Date:

1	2	3	1	1	5
M	M	-	D	D	-
			Y	Y	

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SIGNATURE: [Signature]
(FOR OFFICE USE)

DATE SIGNED: 3/19/14

REC:

APP:

INIT:

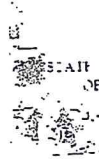
SENT:

Jared Hedelius
SIGNATURE

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IDAHO STATE DEPARTMENT OF AGRICULTURE

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IDAHO



JARED HEDELIUS
PROFESSIONAL APPLICATOR
CATEGORIES GV

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